ART. VI.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

Jan. 27.—*Ulceration of the Cœcum.* Dr. STORER reported the case.—Early in December last, Dr. S. was called to visit Miss L., aged about twenty-five years. She complained of great pain in the right iliac fossa, and was suffering from considerable constitutional excitement:—Upon examining the part affected, he found it tumefied from about two inches anterior to the crest of the ilium, to some distance backward upon its spine; this tumefaction was exceedingly sensitive, and pressure upon a portion of it detected fluctuation. Dr. S. ascertained that she had taken a long walk a week or two previously, when the ground was damp, with thin shoes—and, that at that time she felt chilled;—immediately after this exposure, she began to complain of uneasiness in the affected part, and her suffering had, since, constantly increased. The abscess was punctured, and egress given to several ounces of exceedingly offensive, ill-conditioned pus, together with a small portion of air: great relief was immediately experienced. The purulent matter continued to flow, unmixed with any foreign substance, until the third day after the opening was made. At this time, Dr. Storer noticed three or four small black masses about the size of an ordinary pea, looking like little scybala, and the patient told him, that during the previous night she had been disturbed by the passage of air from the orifice. On the fourth day, liquid fecal matter flowed freely from the wound—this continued four or five days, requiring that dressings should be applied repeatedly during the day. From this period, nearly five weeks elapsed without the passage of any fecal matter, the discharge being entirely purulent, accompanied occasionally by air. At the termination of a month, the patient, having complained for a day or two of local heat and fulness, together with general febrile excitement, observed in the purulent discharge from the wound, quite a number of fig-seeds, which had been swallowed a fortnight previously. Succeeding the passage of these seeds, a long, somewhat compressed substance was observed in the aperture of the skin, which proved to be a portion of apple-peel, several folds of which had become rolled upon themselves, forming a fine, pointed body. Fecal matter followed these foreign substances, and continued to flow for four days, and then gradually subsided.

March 10*th.*—No fecal matter has passed during the last seven weeks—air has, however, repeatedly, until the last week;—the bowels are regular, and her general health much better than it was previous to the formation of the abscess; a slight purulent discharge alone continues to flow.

Dr. J. B. S. JACKSON asked, if typhlo-enteritis had been suspected as the cause of the phenomena in the above case? Scybalæ had been discharged, at first, from the wound, and it is known that these have sometimes been the cause of inflammation, &c., in the appendix cœci.

Dr. STORER replied, that the discharge of fecal matter from the wound had been *profuse*—he did not refer the case to tuphlo-enteritis.

Jan. 27.—*Application of Collodion as a preventive of Pitting, in Variola, and its use in cases of Mammary Inflammation.*—Dr. STORER remarked that he had used collodion in one case, within a short period, successfully. The patient was very ill with small-pox; upon the appearance of the pustules, those upon the face were brushed over, two or three times daily, with the above liquid, until the period of desquamation. The patient, upon recovery, exhibited no pits upon her face.

Dr. S. observed that, Professor Evans, of the Rush Medical College, had reported several cases, during the past year, in one of the Western Journals, in which he used collodion, advantageously, in *mammary inflammation;* suppuration was prevented in most of the cases, and relief obtained in all. His object in applying this remedy, was to obtain a contraction of the parts; supposing that thus, the freedom with which the blood is forced into the mamma, would be overcome, and the lymph absorbed by compression.

Dr. S. had tried Prof. E.'s plan in three cases, but had not observed any decided effect from the application; he is unwilling, however, to venture an opinion upon its value, without further experience.

Dr. BOWDITCH testified to the efficacy of collodion in the prevention of pitting from variola.

Dr. ABBOT supposed it to act by its *constrictive* property, compressing the blood-vessels around the pustules, and thus diminishing the formation of pus. With this view, he had applied it, in his own person, in threatened paronychia, with success, the inflammation being completely arrested.

Dr. BOWDITCH, referring to the apparent effect of *pressure* in preventing inflammation, mentioned a case of peritonitis, where the pressure made by the intestines upon each other seemed to arrest the diseased action, no inflammatory blush being observed between the intestinal convolutions.

In another case, where the *liver* had pressed upon the *stomach*, the portion of the latter viscus thus situated was quite *white* and entirely uninflamed, while the rest was much affected.

Dr. JACKSON said he had often noticed similar facts, but had never, previously, thus accounted for them. He thought the effect of compression evident.

February 10.—*Loss of the Power of Articulation.*—Dr. BIGELOW, Senior, related the following cases:—A female who had amenorrhœa, suddenly lost the power of articulating words; she could protrude the tongue and utter sounds, and even sing a tune, but, for more than a week, made no articulate sound. At the end of two weeks, by strongly fixing the attention, she could utter some words; even now, she speaks but slowly. Dr. B. considers the affection, in the above case, analogous to *stammering*, and wholly nervous.

The other case mentioned, was that of a man about thirty years of age, who came to the Massachusetts General Hospital, complaining of pain in the lumbar region, extending to the right hip and thigh, resembling sciatica. Large doses of aconite and colchicum relieved the pain, and the patient seemed convalescent. Catarrh, with slight febrile disturbance, ensued. About one week since, he suddenly lost the power of articulation, during the night; in the morning, on being questioned, he was unable to reply; he could protrude the tongue, and motion of other muscular parts was preserved. On the following day, difficulty of moving the hands and arms came on; at present, the hands are nearly immovable; the legs movable; he has vertigo, tinnitus aurium, and imperfect vision. In this case, Dr. B. apprehends more serious, and cerebral, difficulty. Dr. B. had previously reported to the Society the administration, by mistake of a nurse, of an over-dose of the tincture of aconite to this same patient; the *strong* tincture having been given in place of the *weak*, which was ordered. Nausea, dizziness, numbness, dryness of the fauces, loss of muscular power and of vision, followed its use, in the dose of six drops.*

Dr. SHATTUCK, Jr., stated the case of an apothecary connected with M. Louis' Hospital, in Paris, who lost the power of articulation after taking Cannabis Indica; the inability continued for four days; he then recovered the power of speech as suddenly as he had lost it.

Dr. COALE mentioned a case of *embarrassed* articulation, occurring in a gentleman whom he supposed affected with intestinal obstruction; the patient was *hysterically* seized at times; violent convulsive movements occurring; strong spasm of the lingual muscles caused the tip of the tongue to turn upwards at right angles whenever he attempted to speak. Dr. C., regarding the affection as a purely nervous one, directed the patient to apply undiluted brandy to the tip of the tongue, on the access of the spasm—the brandy being applied by the patient's finger, he holding a wineglassful of it in his hand whenever he wished to speak, as not more than a dozen or two dozen words could be spoken without the occurrence of the lingual spasm, which was promptly arrested by this treatment. The affection lasted for thirty-six hours.

February 10.—*Case of Colic strongly simulating Pleurisy.*—Dr. COALE was called out of town at midnight to see an elderly lady who had been seized early in the previous afternoon with a chilliness and a pain in the side and upper part of the chest. Several domestic remedies—hot cloths, a "rum sweat," and hot drinks—had been used, but the pain increased until it was insupportable. Though a woman of much power of endurance and of self-resolution, her groans could be heard all over the house. She was found propped up in bed, inclined to the right side. The countenance expressed anxiety; groans con-

* This patient died with general paralysis a few days afterwards. No autopsy allowed.

tinual; respiration 40 in the minute; pulse 80. The pain was referred to the seventh rib on the right, and running thence to the shoulder of that side and to the infra-clavicular depression. The mention of habitual constipation gave Dr. C. a suggestion that the affection might be caused by flatulence, more particularly as the pulse did not seem excited proportionably to such intense pain. Some castor oil was given, followed up by rhubarb; and there being no syringe at hand, a soap suppository was introduced into the rectum, an hour after the administration of the oil. Free stools, accompanied by much gas, soon testified to the correctness of the diagnosis, and gave relief to the patient. The notable points in this case are the total want of any symptom directly referable to the bowels, and the intense pain so high in the chest as the infra-clavicular fossa.

Feb. 24.—*Fractured Vertebræ.* Dr. S. D. TOWNSEND showed the specimens.—The fourth dorsal vertebra fractured through its body, and also the spinous processes of the three next below it. The patient, from whom these were taken, received a blow from a "derrick," which first struck the *head*, then the *back*. He was instantly paralyzed from the diaphragm downwards. He lived seventeen days; a slough formed over the sacrum about the tenth day.

Feb. 24.—*Intra-Capsular Fracture of the Cervix Femoris. Death from Intestinal Strangulation.* Dr. J. M. WARREN related the case.—A gentleman, 83 years of age, fell upon a carpeted floor, striking the right trochanter. He was taken up suffering severe pain. Foot everted and shortened half an inch. He was placed on the triple inclined plane, the foot supported by means of pillows and protected by a cradle. At the end of seven weeks he was able to move the leg without pain, and the foot was not disposed to evert. On the 30th of January he was seized with a pain in epigastrium, accompanied by vomiting. Pain relieved on 31st, but the vomiting continued at intervals until his death, which occurred on the 4th of February. During this period there was no pain on pressure over any part of the abdomen, and no tumour perceived. One evacuation, of a solid consistence, took place from the bowels, by means of enema, on the 2d of February. The urine was suppressed for 24 hours; afterwards, it was passed naturally.

On examination after death it was discovered that about eighteen inches of the ileum, in the neighbourhood of the cœcum, had passed through an aperture in the circumference of the omentum, apparently made by an old adhesion; all this portion of the intestine was black, but not in a state of gangrene, the strangulation being partial. The capsule of the hip joint being opened there issued a small quantity of dark-coloured blood. A fracture was at once seen passing transversely through the neck of the bone; the parts, however, were firmly interlocked, and it was only after efforts of forcible rotation were made that they partially separated. A portion of the

periosteum, at the back part of the cervix, remained entire. The effects of the fracture were to produce a slight shortening of the neck of the bone, by the fragments being driven, as it were, one into the other, and an additional shortness of the limb, from the partial drawing up of the shaft of the bone, by muscular contraction.

Feb. 24.—*Testicle retained in the Groin. Extirpation.* Dr. J. M. WARREN showed the specimen.—The patient was 38 years old, and a small tumour had always been observed high up in the groin, which, from the absence of the testicle in the scrotum, was supposed to be that organ arrested in its descent. A year since, the tumour suddenly slipped farther down in the course of the inguinal canal, enlarged, and became painful, the pain extending into the abdomen, when the tumour was handled. On removal, the testicle was found in a disorganized state, enveloped in the tunica vaginalis, which was partially adherent to it.

Feb. 24.—*Rupture of the Uterus.*—Dr. CABOT reported the following case: E. S., about twenty-seven years of age, of light complexion and hair, good general health, and apparently well-proportioned, the mother of one child, born six and a half years ago, and which child, a male, weighed at birth eight pounds, was taken with labour-pains at twelve M., Feb. 18, which pains increased in strength until Dr. C. visited her, at ten and a half P. M. At that time the os uteri was dilated to the size of a dollar and was yielding; the bag of waters quite prominent; at eleven and a half P. M. the latter broke; about the usual quantity of liquor amnii was discharged; os uteri dilated to about thrice the size remarked on first examination. The head advanced under action of very violent pains, until it almost pressed upon the perineum. After one o'clock A. M., Feb. 19th, the head did not advance much, if at all, although the pains continued very violent, straining and expulsive, even when the patient was well under the influence of ether, of which, during the labour, she consumed ℥xx. The pains recurred at about five minute intervals. At about eight A. M., Dr. Storer came in to relieve Dr. Cabot for a time; there was no return of the pains after his arrival, but vomiting of a greenish fluid occurred, and, on examination, Dr. S. found a *knee* projecting directly beneath the abdominal integuments, in the vicinity of the fundus uteri. Patient's pulse small and fluttering; too frequent to be counted: previously, even while fully etherized, the pulse had been full and strong. Dr. Storer went for instruments, being confident that rupture of the uterus had taken place. On Dr. Cabot's return the perforator was applied to the child's head, which did *not* (as is usual in these cases) *recede*, previous to the application of the instrument, or at the moment of its application. The perforator was introduced with ease; forceps could not be used. The child (a female weighing seven pounds, exclusive of the brain) was extracted with great difficulty; the placenta followed immediately; the uterus contracted firmly

and well, feeling hard and rounded under the hand, as usual after normal delivery. Opium and brandy were administered. At twelve o'clock M., patient complained of great pain in the abdomen; pulse too small and quick to be counted; countenance sunken; breathing very short and quick. Brandy and opium continued. 20th, has been quite free from pain since last evening, and has not taken opium since then. At six P. M., the pulse 135 and fuller; the catheter was used. 21st, pulse 115, fuller; nausea and vomiting; pain in abdomen, but no great tenderness; lochia sufficient, not excessive from the first. Catheterism; ordered calomel and opium. 22d, pulse 104, patient comfortable till towards night, when the lochia diminished; pulse 125; abdomen tender on pressure. Next day, pulse higher and tenderness of abdomen more marked. Calomel and morphia were administered, nearly every hour, until two A. M., Feb. 24th, when patient became perfectly easy, slept, and, on being waked, said she was "perfectly happy, but could not see;" she died at nine and a quarter A. M., five days from the time of her delivery. The lochia were profuse, the day before death, and looked like sanguinolent serum. At the *post-mortem* examination, made at four P. M., the following appearances were noted. On opening the peritoneum, a small quantity of bloody serum escaped; coagula between the folds of the intestines, moulded to their shape; an elongated mass of sebaceous matter lay, perfectly free, directly beneath the peritoneum, which membrane was somewhat inflamed throughout; slight adhesions observed. The uterus was found ruptured completely across the anterior wall of its cervix, just below the os internum; the organ measured five and a half inches in length, from the fundus to the os externum, and four and a half inches in width.

Dr. Cabot remarked that, the first point which attracts notice in this case, because an unusual occurrence, is the *non-retrocession of the head*, and the firmness with which it retained its position against the perforator; judging by these facts, some of our older and most experienced practitioners denied the accuracy of the diagnosis. The firmness with which the head had been driven and impacted into the pelvis, accounts fully, in Dr. C.'s opinion, for its non-retrocession, although he supposed at the time, and still thinks, that the uterus may have pressed somewhat upon the fœtus and contributed to its retention in a fixed position. In regard to the diagnosis, Dr. C. said, he thought the slightest habitude in the use of the tactile sense, would preclude the possibility of mistaking the nature of such a case, or the part projecting from the womb; the change from a full and good pulse to a mere flutter; the facies, the emesis, and sudden cessation of the pains, of themselves, sufficiently establish the diagnosis. Dr. C. added, that the second point of interest is the question whether delivery should have been *sooner* effected: the result of the case might lead to an unhesitating affirmative reply, but the rarity of the accident must be borne in mind, and also the fact that many apparently impacted heads are finally delivered without interference, which of itself would induce delay, in order to make sure that there is no advance of the head. The doubt as to the

necessity of the destruction of a living human being, and, finally, the blame and odium that will rest upon the practitioner, should a bad result follow so serious an operation, are additional reasons for delay. Dr. C. would not, in another similar case, wait so long, before resorting to instrumental interference.

Dr. CABOT reported the following case :—

Keloides occurring in a Child.—S. H., 4 years of age in May, 1850, very healthy and free from all cutaneous disease, until May last, when he was very severely affected by small-pox, never having been vaccinated—is the seventh child of a mother 28 years old, who was married the day before she was 14 years old, and whose oldest child was born one month before she was 15. She had, she says, scrofula at 5 or 6 years of age, and has a large scar from it on the side of her neck; she lost, some years ago, the upper joint of a finger, from "felon." One of her children had herpes zoster six years ago, when 3 years old. The child S. H. is rather of a leuco-phlegmatic complexion and cast of countenance, thickish upper lip, &c. He recovered from the small-pox and was about the house early in July; about two weeks afterwards an appearance like a burn was observed by the family near the left angle of the mouth.

Dr. C.'s attention was called to this and other tumours on the 3d of October, when he found the principal tumour, near the left angle of the mouth, about two inches long in its longest diameter, and about three-fourths of an inch broad, very irregular in its outline, and having processes shooting out in different directions, as if formed by the running together of several tumours having their axes in different directions; the surface smooth, pinkish, with some vessels ramifying on its surface; firm and hard to the touch; resembling very much in its external characteristics the cicatrix of a burn. There was another smaller tumour close to the first, and, on the opposite side of his mouth were seven others, of which the longest was rather more than one-half by one-fourth of an inch. Besides these, there were five or six quite small ones in different parts of the face and two on the right arm. He never complains of pain except when touched on the tumours; cries often when washed, though not a crying child; seemed to suffer very severely from a fall upon the part, and, at another time, when the principal tumour was roughly handled. October 12th, tincture of iodine, diluted with about its bulk of water, was applied to the tumours on the right side of the mouth, without much, if any, appearance of pain. Oct. 13th, tincture of iodine, rather less diluted, was renewed, and to the tumour on the opposite side of the mouth, solution of gun cotton was applied, the effect of which was to deprive it entirely of colour, making it white, and causing the veins to disappear; some temporary pain seemed to be occasioned by it.

[Keloide is pronounced, by the authorities of the present day upon cutaneous diseases, to be exceedingly rare; older writers even denied its existence

(Bateman). Alibert first described it. Cazenave (*Maladies de la Peau*, 1838) states that it had not, up to the date of his work, been observed in *infancy*. Youth, bordering upon adult age, is its period of election; it is almost universally seated upon the anterior part of the chest, and, by preference, just between the mammæ; it is very rarely multiple. Biett refers to only two multiple cases; in one, eight patches existed; in the other, two; in the first case, on the neck and side of chest; in the second, on the front of chest. Cazenave alone, of the authors we have been able to consult, reports the appearance of the disease upon the *face* (*Dict. de Médecine*, tome xvii. art. Keloide), and this is exceedingly rare. The same writer declares its greater frequency in females and in those of lymphatic temperament.]

Feb. 24.—*Enlargement and Disease of the Liver and Spleen; Concrete Pus in the Heart, Hemorrhagic Abscess in the Back*, &c.—Dr. Bowditch related the following as having occurred in a man under his charge at the Massachusetts General Hospital.

J. C., æt. 44, Italian, mechanic, entered Aug. 22d, 1850. Had been in this country three years. Two years and a half since, while at Buffalo, his previous health having been good, he noticed a firm body underneath abdominal muscles, near to, and at the left of, the umbilicus. It was not painful. Two months *after* this, he had intermittent fever, but soon recovered. Another attack came on fifteen months afterwards, when the tumour became painful and increased in size. He never had jaundice or any hepatic symptoms. At his entrance the tumour was hard, smooth (evidently an enormous spleen), and extended from the left side nearly to the navel, and, from two inches below the umbilicus, up under the cartilages of the ribs. From this time until death it remained very much as at entrance, save that at one time it seemed rather to augment, while toward the end of life the upper part appeared rather less prominent. At times it was painful and tender, but usually not so. His general symptoms were as follows. His mind was always clear, but for several weeks before his death he was much troubled with dizziness, so that at times he was wholly unable to walk. Epistaxis occurred frequently, and once or twice required plugging of the nostrils. His digestion was usually good for simple articles, but the bowels were costive, and sometimes he vomited—once, a dark fluid containing granules, like decomposed coagula. At the latter part of life he had some cough and pains about the chest. The renal excretion at his entrance was abnormal, containing pus, and he had some priapism. He had no distinct febrile paroxysm. There was observed a tendency generally to glandular enlargements. On December 5th he spoke of a tumour that had suddenly appeared in the left back, and on examination a soft, regularly rounded, non-painful tumour was found. It seemed to contain fluid, and Dr. H. J. Bigelow agreed to that idea, but it was thought best not to puncture it, as it caused little or no suffering. Under hop fomentations, &c., it wholly disappeared in a very few

days. Jan. 20th.—A similar swelling suddenly came in the right back and side, extending laterally from within five inches of the sternum nearly to the spine, and from above downwards, over six inches. It projected at least an inch above the surface of the skin, but very gradually lost itself in the surrounding tissue. On the 31st it was punctured with a hydrocele trocar, and ℥xvij of a grumous pus drawn off, with some relief. Meanwhile, the right side of the abdomen, in front, became hard and tender, and the spleen seemed rather lessened in size. The patient gradually became weaker, and died February 12th.

The treatment had been, in the first stages, tonics, quinine, iron, &c.; finally, diuretics and local applications to the tumour.

At the autopsy, the whole right side of the thorax was very prominent, and an incision being made, a cavity was found extending (between the muscles, and at times involving portions of them) from the cartilages of the ribs in front to the vertebræ, and from the spine of the scapula to the ilium. It contained bloody pus, and large coagulated masses, at its depending parts. By the microscope, pus was detected, and also exudation corpuscles and blood cysts. There was no lining membrane to the cavity, but it was continuous, with an infiltrated mass of cellular membrane lying on the right of the abdomen, and between the internal and external oblique abdominal muscles. This mass of condensed infiltrated cellular membrane was the cause of the hardness felt in the right side of the abdomen a few days before death. Axillary glands enlarged, and, like other glands, had a scrofulous, curdy look. Axillary veins of right side filled with enormous coagula, which extended through the vena cava descendens and auricle and ventricle of the heart, there terminating in a jelly-like looking pus. Not a particle of pure fluid pus was to be seen, but this jelly, or "concrete pus," was composed solely of pus globules.

In the left pleura was a large effusion of recent serum or lymph. *Lungs* healthy. *Heart* had a few old white patches. *Liver* pale, *putty* like, soft, tearing with its own weight, red substance scarcely seen; weight 9 lbs. 5 oz. *Spleen* weighed 4 lbs. 15 oz. (!), strongly adherent by old bands to peritoneum; it was solid, red, and, on incision, presented a smooth cut, of a red colour, save that in spots there were hard masses of a shining chestnut. *Kidneys* slightly affected with Bright's granular disease. *Intestines.*—Some old constrictions, from cicatrization, were observed; otherwise, they, with the stomach and other organs, were healthy. *Head* not examined.

Dr. Bowditch remarked that the enormous spleen and liver were interesting, but the abscess containing blood, and the concrete pus in the heart, and the total subsidence of one tumour from the back, were the more important points in the case. He had never seen the like before, although the hemorrhagic abscess and epistaxis probably were dependent on the same cause, viz: the hemorrhagic diathesis, consequent on hepatic disease, of which we have seen not a few examples.

Feb. 24.—*Membranous Croup; recovery from first attack; death after Pneumonia consequent upon a second access of Croup.* Dr. HOMANS reported the case.—The patient was a child of full habit of body, two and a half years of age. Seizure sudden, on waking. Ipecac. and calomel, with antimony, were administered; nausea was maintained. Early in the morning after the attack, Dr. H. used the sponge probang to apply a solution of nitrate of silver (grs. xl to ℥j) to the larynx; false membrane was observed on the tonsils. The child suffered very great dyspnœa from the operation, for half an hour; in an hour's time it began to breathe better; in twenty-four hours from this it seemed greatly improved; then, the paroxysms returned, and the caustic solution was again applied. Five days from this time, the child did not require the physician's attendance during a period of ten days; symptoms of true croup then returned, and the existence of pneumonia was also suspected; Dr. H. again had recourse to the nitrate of silver. The child died, just twenty-two days from the date of first attack.

The following account of the *post-mortem* examination is communicated by Dr. J. C. DALTON:—The middle lobe of the right lung was in a state of gray hepatization throughout; solid, without crepitation, distinctly lobulated and granulated on the cut surface. The bronchial tubes of this part exuded yellow pus abundantly on pressure. There was also a little *red* solidification along the posterior edges of both lower lobes. No pleurisy anywhere, lungs otherwise natural.

The trachea and bronchi generally, down to the tertiary ramifications, contained an abundance of thickish yellow pus. There was a little greenish-yellow lymph on the posterior surface of the epiglottis, and the inner surface of the cricoid and arytenoid cartilages, and the vocal chords were plentifully coated with it. The lymph was soft and easily detached over the greater part of the surface, but along the vocal chords it was tougher and pretty closely adherent. Its greatest thickness was a little over one-sixteenth of an inch. It did not extend farther than one-quarter of an inch below the lower edge of the cricoid cartilage. The mucous membrane underneath the lymph, as well as elsewhere, in the larynx and trachea, was quite smooth and pale. There was no lymph on the pharynx, the arches of the palate, nor on the left tonsil. The right tonsil was not taken out. There was no œdema, nor any redness of the mucous membrane about the pharynx or glottis.

The lymph extended only a very short distance into the ventricles of the larynx, and the mucous membrane of these cavities was quite pale and natural in appearance.

Dr. HOMANS remarked that the case afforded an example of recovery from a distinct attack of membranous croup. The subsequent attack derived additional gravity from the combination of pneumonia with it.

Dr. C. E. WARE referred to a case, formerly reported by him, where fatal pneumonia supervened upon croup.

Dr. J. B. S. JACKSON had noticed the discoloration of the lymph, by the

action of the nitrate of silver, *very low down;* an evidence of the penetration of the sponge into the larynx.

March 10.—*Aneurism of Arch of Aorta.* Dr. COALE reported the case.—J. W., twenty-nine years of age, five feet six inches in height; square built; regular in his habits; quiet and pleasing in his deportment. Patient was born in England; his occupation here was that of an ostler. Whilst currying a horse, in October, 1849, in stretching out his right arm he felt something give way in his chest, and a sharp pain took possession of the spot, which he referred to the middle of the sternum, about three inches from its upper extremity. From this time, he was seldom free from the pain, which varied at different times, being increased sensibly by appreciable causes, such as exercise, bad weather, catching cold, &c., although, occasionally, he was worse without any apparent cause. Patient came under Dr. C.'s care in August, 1850, ten months after the first indication of his trouble. The symptoms were the pain, above mentioned, dyspnœa, inability to lie on the right side; otherwise, his health was not much affected. The pulse gave a slight thrill; percussion afforded no appreciable sign; auscultation detected the murmur of *aneurism.* The treatment was general, with the exception that, a little later, when the above symptoms were more marked, infusion of digitalis and elixir of opium were administered whenever occasion called for such remedies.

The bowels, during the latter part of the patient's life, were very indolent, and required the action of senna, jalap, rhubarb, &c., to relieve them. For a month before his death, a cough troubled him, at times, and swallowing became difficult, even of a teaspoonful of fluid at a time. His position during this month was unaltered, being propped up in an arm-chair. For the week before death, prostration of strength was so great as to lead Dr. C. to suppose he would die from constitutional exhaustion. His death, however, occurred instantaneously, from rupture, March 9th, just seventeen months, lacking one day, from the probable commencement of the disease. For two months before his death, the tumour exhibited itself externally, on the right side of the sternum, and *post-mortem* examination showed a little encroachment upon two of the upper dorsal vertebræ, producing an absorption of a large portion of their bodies. The aneurism was evidently the sequence of an organic change in the artery, and affected the vessel, more or less, from its origin to its descending portion. In one direction the tumour pushed out anteriorly to the ribs, whilst, in the other, the posterior wall of the crown of the arch pushed back against the vertebræ, compressing the gullet and causing the difficulty of deglutition. All the other organs seemed healthy.

Gout. Case reported by Dr. COALE.—Mr. R., æt. forty-five, of full, portly figure; has lived, upon an average, nine months of the year in the West Indies, for seventeen years; general health good; skin fair; every appearance of general well-being; habits at table moderate; has lately been "bilious," and

taken some aperients with relief of symptoms; found him, Nov. 4th, propped up on a sofa, complaining of pain in back of right hip, which had annoyed him for several days; spot somewhat hard and red; no fever; prescribed spirits of nitre, and wine of colchicum; in the evening, he had his feet down upon the floor and thought he felt better. Nov. 5th, 9 A. M., Dr. C. found him in great suffering after a most distressing night; hip hard, shining, red; pulse 112, hard; skin dry; tongue coated; urine contains reddish and whitish gravel; and is scanty and high coloured. In the evening, patient was easier, colchicum had been continued through the day with considerable effect on the bowels; gave it again at night with ipecac. and opium. Nov. 6th, night very distressing; no sleep; pulse 112, hard; pain not abated; bowels not open; continued prescription with Rochelle powder until free action; in evening, as usual, better; twenty drops of black drop to be given at bed time. Nov. 7th, night passed as distressing as before in spite of opiate; easier in the morning; hip more inflamed; urine scanty, high-coloured, and depositing reddish sediment; pulse and skin as before; continued colchicum with solution of nitrate of potass, and tartrate of antimony, as far as there was toleration; bowels free; applied stupe of conium and poppy-flowers to hip. Nov. 8th, night as usual, painful in the extreme; towards morning a discharge of urine commenced; profuse, high-coloured, clear; one-half gallon discharged in four hours; pulse 100; treatment not altered; in the evening discharge of urine unabated, growing lighter; pulse 88; pain less; hip appears about to point just at the great trochanter. Nov. 9th, visited him with Dr. Shattuck, Sr.; pulse 80; skin cool; great tranquillity of the system, though the night had been very painful; flow of urine continues, but is bright and clear; hip apparently fluctuating, and, after careful examination by both physicians, a bistoury was plunged one and a quarter inches into the most tense spot; no pus; continue prescription, but in half doses; stupes to hip. Nov. 10th, night more comfortable than usual; felt some chill; pulse 80; skin cool; allowed some chicken-tea, and discontinued prescription; hip looks much as before. Nov. 11th, everything looks well; Dr. C. called at midnight and found him in excruciating agony; at times beyond control. The height of the inflammation now seemed to be about five inches below trochanter; made two incisions into the thigh, each one and a half inches long; they bled very freely, and evidently relieved the tension; at 2 A. M., gave sulphate of quinine, gr. ij; pulse before that, 88, soft, but irregular and jerky; left him soon after in a deep sleep. Nov. 12th, had been tolerably comfortable since Dr. C. left him; had taken two doses of quinine; pulse 84; fuller and more regular; Dr. J. Mason Warren saw him with Dr. C. at eleven; made four more incisions, carrying them through the fascia; continued treatment, adding five grains of assafœtida every alternate four hours; in the evening, skin cool; pulse 64; urine light coloured; pain and tension decidedly less; next day improvement continued, and so for a week; at which time another accession occurred, and ten days after it, another still; each marked very distinctly by critical, profuse discharges of urine and immediate abatement of very severe symptoms;

after the last, matter was discovered beneath the fascia of the rectus femoris, and exit was given it by opening with a probe the cicatrix of one of the incisions made by Dr. Warren; two pints of laudable pus were immediately discharged, and another at night; two days after, inflammation took place in the abscess, and a pint of pink pus was discharged morning and night for a week, when the pus became healthy again. Upon carrying in a probe very carefully, it passed up on the outside of the ham to the dorsum of the ilium, eleven inches, where it dropped backwards, the abscess there forming a large sac, from which pus could only escape by means of a counter opening; two weeks after the first opening, the discharge was ten ounces morning and night, when the patient was attacked by erysipelas of the head and face, though not very severely. The discharge from the abscess at once ceased and the opening closed, whilst the erysipelas, treated with quinine, continued three or four days only. The improvement of the patient now progressed with two slight interruptions; an attack of excruciating pain in the ball of the great toe, which exhibited a red spot the size of a half dime, disappearing with the pain in twenty-four hours; and the recurrence of fluid in the abscess, which, however, disappeared without opening, under the influence of frictions with iodine ointment.

The notable points in this case are, gout attacking, at its first onset, a large joint like the hip; whilst the extremities were left intact, and its termination in an abscess.

Dr. J. B. S. JACKSON asked, why the above case was described as one of *gout?* The hip-joint, a *large* joint, being the one mainly affected, and abscess being formed in its vicinity; erysipelas, also, was combined with it. Dr. J. said, he would rather have termed it severe inflammation.

Dr. COALE replied, that he had, at first, supposed it to be rheumatism; one of the *toe-joints*, however, had been affected; the paroxysms were regular in their access; the urine characteristic; in some points the case was anomalous.

Dr. J. M. WARREN remarked that he had never seen more intense suffering manifested than in this case: the indication of existence of pus seemed almost indubitable; this led to free incisions.

Dr. COALE alluded to Sydenham's graphic description of the very *acute pain* of gout.

March 10.—*Variola in the pregnant female, between the seventh and eighth month of utero-gestation; disease not communicated to the child.*—Dr. STORER said, that, several years since, he reported a case to the Society, where a woman just recovering from *varioloid*, gave birth to an infant which was covered with the eruption of *variola*, and died from the effects of the disease in the course of the week after its birth.

Numerous cases might be cited, from various authors, showing the contagion to have been thus transmitted.

On the 19th of December last, Mrs. W———, between seven and eight

months pregnant, was attacked with small-pox; the eruption was making its appearance when Dr. S. first saw the patient. She had the disease very severely, and miscarriage was apprehended. No such accident, however, occurred, and she went safely to the termination of her pregnancy. Dr. S. anxiously awaited her delivery, dreading that the child would exhibit the marks of the infection. On the 28th of January, thirty-nine days, or five weeks and four days, after the appearance of the eruption in the woman, she was delivered of a fine-looking, healthy child, without the slightest trace of any intra-uterine disease. Dr. S. has vaccinated the infant *twice*, unsuccessfully, although the virus was inserted into the arm before it had dried upon the quills.

Contagiousness of Erysipelas.—Dr. Storer referred to the following case as bearing upon the contagious nature of the above disease.

Mrs. N———, Avery Place, was seized on the 20th ult., with the usual symptoms of erysipelas. On the third day from the attack, it had so far progressed, that the face was excessively swollen, and the eyes were closed. The progress of the disease was checked by the application of the tincture of iodine. During the five or six days on which Dr. S. considered it necessary to visit her, her infant, two months old, was kept at the breast as usual; the secretion of milk was somewhat diminished for one or two days, but the child was allowed no other nourishment. Thirteen days have elapsed since the appearance of the disease in the mother, but the infant still remains unaffected.

March 24th.—Case of Fracture of the Pelvis, with Rupture of Bladder.—Dr. J. M. Warren exhibited the specimens. They were taken from a man thirty years old, who died on his way to the hospital, a bank of earth having fallen on him an hour before. The following were the appearances presented by the body. A fullness was observed in the right iliac region. The perineum was somewhat fuller than natural to the right of the median line. The left side of the pelvis appeared drawn up, so that the spinous process was above the level of the right. The right lower extremity was, by measurement, one half an inch longer than the left. On examination of the pelvis, a fracture was detected near the symphysis pubis, also one through the left sacro-iliac synchondrosis. By rotating the left lower extremity, the left ilium was freely movable, with some crepitus attending the motion. Powerful flexion of the right lower extremity produced an indistinct crepitus in the joint.

A catheter was passed with some difficulty through the urethra, and its point could at once be distinguished in the cavity of the peritoneum.

Permission being obtained, the autopsy was made five hours after death by Mr. F. J. Bumstead, of the hospital, who drew up the following account of it.

"On cutting into the peritoneal cavity, it is found to be entirely filled with blood. Its posterior wall is covered with a dark coloured ecchymosis, and is raised by a large effusion beneath. A small hernia of the tissues, external to the peritoneum, about the size of the little finger, protrudes through the mem-

brane, back of the right os pubis. The confused state of the parts beneath the peritoneum, renders a minute examination impossible. The blood has undermined the peritoneal cavity, and infiltrated the iliacus and psoas muscles.

"The bladder is ruptured to the extent of an inch above the triangular ligament, and posterior to the symphysis pubis. The diagnosis of fracture through the symphysis, and through the left sacro-iliac synchondrosis is found to have been correct. The fragments of the latter are separated to the width of a finger. In addition, the right acetabulum is crossed by several fractures which extend through the ischium and ilium, entirely isolating several pieces of bone. From the fundus of the acetabulum, a triangular piece of bone has been drawn inwards, and the corresponding surface of the head of the femur is crushed to the depth of one or two lines. Ligamentum teres not injured."

March 24.—*Hypospadias.* Reported by Dr. WILLIAMS.—The patient was a man about fifty years of age, and the father of two children. The anomaly was accidentally discovered on undertaking to introduce a catheter, to relieve a retention of urine. The dorsum of the penis and glans presented nothing abnormal. The under surface offered the following appearances:

The frænum was wanting. The edge of the prepuce was united to the under surface of the penis, at the distance of an inch from the extremity of the glans, with the exception of a horizontal slit about two lines in length. The catheter being introduced at this point, in the direction of the axis of the penis, was arrested after passing about an inch, but by carrying its point a little towards the left, it entered the urethra, which described a curve from this abnormal orifice to its usual direction. A cul-de-sac, admitting only the point of a probe, existed in the glans at the natural situation of the orifice of the urethra, and another similar cul-de-sac between this and the slit above mentioned. There was no appearance of any continuation of the urethral canal from the abnormal opening towards the extremity of the glans, but the narrowness of the slit prevented an exploration to determine if any such existed.

The patient being delirious, and remaining so until death, it was impossible to obtain any information respecting the case, except that above given.

March 24.—*Oil of Turpentine in excessive dose.*—Dr. PARKER reported the case. ——E., æt. 26, married, glass-cutter, robust, sanguine, temperate, chews tobacco, and smokes. Has been in the habit of taking as a remedy for pyrosis, to which he is subject, first, "a lump of rosin as big as a nutmeg," followed by "half a tumbler-full of spirits of turpentine" (ol. terebinth. fl. ℥iv). This dose invariably "helps him." He once repeated this quantity, three times in twelve hours, without any known injury resulting. Feb. 5th, 1851:—Went yesterday morning to a turpentine factory, and took his dose in somewhat of a hurry; using the spirit as it ran fresh from the still; thinks he took a little more than usual. Was soon attacked with dizziness, a sen-

sation of extreme weakness, and pains all over his body, particularly in the region of the kidneys and bladder; he fell in the street, while going to an apothecary for relief; took a large dose of spts. æth. nit. without benefit. In the evening he walked to Dr. P.'s house with difficulty; complained mostly of pain in hypogastrium, and difficult and painful micturition; some dizziness and prostration; other symptoms not marked; advised to go to bed, to take pulv. ipecac. et opii, grs. xij, statim; and inf. lini. sem. ad lib. Feb. 7th, patient called, and said he was immediately and completely relieved; a fellow workman came with him, to certify to the quantity of turpentine and rosin he is in the habit of taking.

Dr. ABBOT remarked that he had known a "hard drinker" to take *oil of turpentine* and *camphene*, in large quantities, with apparent impunity. In the above case, the patient is stated to be temperate.

April 14.—*Tuberculous Disease of Mesenteric Glands, subsequently, apparently of Lungs. Tuberculous Masses in Spleen, Liver, and Supra-renal Capsule.*—Reported by Dr. SHATTUCK, Jr.—S., twenty-two years of age, eyes gray, hair chestnut, lips thin, knowing of no hereditary predisposition to tubercular disease, a common out-door labourer till within five months of his death, and then for three months in a nail factory. Eighteen months before his death, soreness of the abdomen came on, and soon after, a tumour, perceived in the epigastrium, and a few weeks later another, below the umbilicus. Loss of appetite, of flesh and strength; at the end of nine months, two or three attacks of hæmoptysis, rather copious. Hectic fever about five months before his death, and night-sweats for three months. The cough commenced between two and three months before death. He entered the hospital March 30th, weak, emaciated, with a pulse of 120, with dullness, bronchial respiration and mucous râle over upper region of both sides of chest. A tumour was felt in the vicinity of the liver, and a movable tumour below the umbilicus. The glands of the neck were enlarged and sore. He died April 8th. At the autopsy, the lungs were found filled with tuberculous matter, and the bronchial glands were tuberculous. The liver weighed three pounds fifteen ounces, and contained large, rounded, tuberculous masses, ten or twelve in number, averaging one and a half inches in diameter. The epigastric tumour was formed by one of these masses. The spleen weighed seven ounces, and contained three tuberculous masses, each about the size of a chestnut. There were several ulcerations in the small, and two or three in the large, intestines. The mesentery and its glands weighed one pound one ounce. Three or four of these tuberculous glands together, constituted the tumour felt during life, which was four and a half inches long by two and a half broad. Several tuberculous masses, of the size of a pigeon's egg, were found in the subperitoneal membrane, attached to the diaphragm. The kidneys were normal, but just above the right kidney, in the place of the supra-renal capsule, was a tuberculous mass, one and a half inches long by one inch in breadth, and the kidney, with this mass, weighed eight ounces.

Dr. Shattuck also reported the following case:—

Tuberculous Disease of Lungs, Bronchial Glands, Intestines and Mesenteric Glands; Scrofulous Disease of Right Ankle-joint.—This patient was fourteen years of age, hair chestnut, eyes dark, lips thin; had been employed for two years in quilling cotton, breathing an atmosphere loaded with dust. No tuberculous disease in family. She commenced coughing about the middle of November, was soon obliged to give up work, with loss of flesh, night-sweats, and early in January, pain in the left ankle, with swelling. Feb. 18th, there was dullness over left upper chest, anteriorly and posteriorly, gurgling under left clavicle, dullness, bronchial respiration, mucous râle over right upper back, scarcely any vesicular respiration; emaciation quite marked. She kept her bed mostly, took cod-liver oil, a drachm three times a day, for thirty days; was constipated, the bowels being kept open by gentle laxatives; the pain and swelling on the whole continuing, though relieved by opiate fomentations. She died on the 6th of April. At the autopsy, the lungs were found loaded with tubercular disease, with small cavities at the summits; tubercular disease in the bronchial and mesenteric glands, none in the cervical or inguinal. Tuberculous matter was found within the first five feet of the small intestine, and numerous ulcerations lower down. The cartilages of the astragalo-scaphoid articulation were thin and detached; the ends of the bones spongy; no tuberculous deposit; serous infiltration of subcutaneous cellular tissue.

April 14.—Extensive Emphysema into cellular tissue of Face, Neck, and Chest, during difficult labour.—A case of this nature was reported by Dr. Abbot. The distension from effused air was excessive, extending over the whole face, neck, and chest of the patient, as far down as the second or third rib; surfaces crepitating on pressure. The eyes were nearly closed. The affection was not attended by any dyspnœa, nor by any inconvenience except a sense of extreme distension, as if the skin were in danger of bursting, during the pains; nor was it followed by any pulmonary symptoms; it subsided in from eight to nine days. The appearance of the distended surfaces was very like that observed in severe erysipelas, although the redness was not so great as in that disease. Much comfort was derived from the application of cold water during the labour. Subsequently to the labour, slight tenderness was remarked, just above the upper border of the sternum.

Dr. A. thought it probable that the air escaped from the neighbourhood of the bifurcation of the trachea.

[Dr. Blundell, in his "*Principles and Practice of Obstetric Medicine*," remarks, speaking of the above phenomenon, that disruption of the larger air-tubes is not of frequent occurrence; when it happens, an erythematous flush of the integuments manifests itself simultaneously with the swelling from the effused air, the circulation being accelerated. The patient, at first glance, would be thought to labour under a sudden attack of erysipelas. Immediate delivery is desirable; the patient should be prevented from re-

taining the breath and bearing down. After delivery, the aperture, which, perhaps, is rarely large, probably heals easily and spontaneously. Dr. B. had seen but one case.]

April 14.—*Immediate division of the Funis Umbilicalis in connection with sudden death of the newly-born: hemorrhage occurring from the mouth, &c.*—Dr. STORER remarked that at the last meeting of the Society, in answer to a question put to him upon the subject, he stated *that in a case of labour he never separated the child from the mother until the pulsations in the cord had ceased.* After the meeting had adjourned, he was surprised to learn that some of the oldest and most distinguished members of the Society never waited until the funis ceased to pulsate, but severed the cord as soon as respiration was established. Dr. S. observed that as this might be the general opinion of the Society, and as his remarks may even have appeared absurd, he would ask permission to give his reasons for the opinion he entertained upon the subject, and to cite an authority or two to support it. He stated that it had been for many years a rule of practice, with him, to *wait in all cases of labour until the pulsations of the funis could no longer be felt, previous to the application of the ligature to it,* and that he had year after year thus taught the young gentlemen who had belonged to the private medical school with which he had the pleasure to be connected. Very early in the practice of his profession he met with two cases in which profuse bleeding occurred from the extremity of the cord, owing to the ligature having been removed after the funis was severed. This hemorrhage could not have occurred, unless the blood was still flowing in the vessels of the cord, and, as in the vast majority of cases the pulsations of the funis cease in a few moments (Dr. S. never having known them to continue longer than twenty-five minutes, and that length of time in a single case only), it seemed to him that we should listen to this indication of nature, and wait *a few moments.* He had never met with a case of bleeding from the extremity of the funis since he had pursued this course. Besides, it had seemed to him that there was great danger to some of the important viscera, from the circulation being thus suddenly diverted to them. It is not unusual upon the birth of a child to find the funis pulsating with great force. Is it not more rational (asked Dr. S.) to allow this force gradually to subside, than to check it at once? And may not some of the cases of hemorrhage from the nose and mouth, which have been published in the foreign journals, have been produced by pulmonary congestion dependent upon this cause?

Dr. S. observed that perhaps most physicians would say that they never had met with any case which would lead them to think it necessary to wait a moment; with *Jewell* in the "*London Practice of Midwifery,*" they would remark, "When the child is born healthy, kicks and cries, it does not signify how soon we tie the navel string."

But there were some in the profession who considered it of importance to

delay. Thus *Churchill* says, "After waiting until respiration is fully established, or until the pulsation in the cord ceases, a ligature is to be applied." *Dewees* observes, "When respiration is established, either spontaneously or by artificial means, we apply a ligature to the cord, provided pulsation has ceased in it; but not until then." And *White*, in his work "*On the Management of Pregnant and Lying-in Women*," writes, "The funis umbilicalis should never be divided or tied whilst there is any pulsation. By this rash, inconsiderate method of tying the navel string before the circulation in it is stopped, I doubt not," says Mr. White, "but many children have been lost, many of their principal organs injured, and the foundation laid for various diseases."

Dr. S. added that should no member of the profession think the course here referred to necessary, a knowledge of the fact would not influence his practice. No argument had been offered against it, and the cases he had referred to, in which hemorrhage from the funis had nearly proved fatal, marked out for him his duty.

[The above remarks were elicited in consequence of a discussion which arose in the Society as to the propriety of tying the cord immediately, and before its pulsation had ceased. A case was reported to the Society at a previous meeting by Dr. Channing, where the child, apparently very healthy at birth, died in the nurse's arms while being dressed, violent hemorrhage from the mouth taking place; none from the cord, which was tied immediately after delivery.

Dr. Abbot asked if these cases are not referable to tying the *yet pulsating* cord? Dr. Bigelow, Sen., and Dr. Homans, considered *a fully established* respiration a sufficient warrant for severing the funis. A delay of a few moments cannot certainly weigh with the physician against even *possible* risk to the child.]

April 14.—*Spontaneous reclination of the Crystalline Lens.* The case was related by Dr. BETHUNE.—The patient is a man about 50 years of age. Cataract first appeared in the left eye, fourteen years ago. This eye went on to get wholly blind, so that with it he had no perception of light. In this state it remained till one and a half years ago (the *right* eye having for six months previous begun to lose its vision). At the period above mentioned, while walking out in the morning, he *suddenly* recovered sufficient sight to make out large objects. This degree of vision still remains.

His wife, who saw the eye on his return, says that it appeared precisely as at present. With the *right* eye he can now just count his fingers.

On examination, in *right* eye a bluish-white cataract fills the pupil; in *left*, the anterior chamber is clear; at the bottom of the posterior chamber, occupying from one-third to one-fourth, is seen the lens, apparently reclined, and moving up and down with the movements of the eye.

This patient was seen by two surgeons conversant with eye disease, shortly after the change took place, both of whom stated that it was the first case of the kind they had ever seen.

April 28.—*Dislocation of the Crystalline Lens without rupture of its Capsule.* Reported by Dr. WILLIAMS.—The patient, a man about fifty years of age, received a blow upon the left temple, some time since. When first seen, the lens floated freely in the posterior chamber, as the eye was moved in various directions. When lying upon his back, vision was partially lost, and when he stooped forward, the lens completely covered the pupillary aperture, and prevented the access of light. Its convex surface could then be observed, a little beyond the plane of the iris, in the anterior chamber. In size, the lens was nearly or quite of the average dimension.

An attempt was made to incise the capsule, by means of a needle passed through the cornea and pupil, but its toughness prevented more than a small puncture being effected. From this puncture a small amount of lenticular substance oozed out, but not enough to materially reduce the size of the floating cataract. It became, however, fixed behind the lower part of the iris, and can be distinguished in this situation at the present time.

The other eye had suffered from the effects of traumatic inflammation, presenting opacity of the cornea, anterior synechia, and a nearly closed pupil, but no appearance of cataract.

April 28.—*Malignant Disease of the Testicle—Diagnosis obscure from accompanying Hydrocele.*—Dr. S. PARKMAN presented the specimen, removed a few days previously; it was somewhat larger than the fist, and the whole organ was transformed into an almost diffluent, encephaloid substance, which, under the microscope, presented the usual appearances of malignant disease in its most marked degree. The interesting point in the case was the obscurity of the diagnosis. The patient was aged forty, of irregular habits, though of good general health, and the tumour had existed eighteen months, gradually increasing from its commencement without pain or inconvenience, other than from the weight and size. His physician inclined to regard it a hydrocele from its pear-shape and well marked fluctuation, but transparency being absent, doubts were naturally entertained, and Dr. P. was consulted. To ascertain the character of the tumor, which resembled a hydrocele exactly in every circumstance but its transparency, Dr. P. punctured it with an exploring needle, and the escape of a small quantity of *serous* fluid seemed to clear up any doubt that might be entertained, the absence of transparency being not unusual in hydrocele, either from a thickening of the cyst or turbidity of the fluid. The diagnosis being thus regarded as made out, Dr. P. introduced a trocar and canula, for the purpose of the radical cure by iodine. Nothing but blood followed the withdrawal of the trocar. It was then stated to the patient that the disease was either an hæmatocele, or some enlargement of the testicle itself—and it was proposed that a small incision should be made into the tunica-vaginalis, and if it was distended by blood, this should be discharged, and thus the disease be radically cured, or, if the testicle was found to be affected, it should be removed by an extension of the

incision. This was consented to—and no pain or other symptoms having followed the puncture, the next day but one, a small incision was made which gave issue to a moderate quantity of serous fluid; but the testicle being found diseased, its extirpation was immediately proceeded with. The disease was proved to be as described, one of the testicle, but the fluid secreted in the tunica-vaginalis, and a drop of which was discharged by the exploring needle, naturally led originally to a different diagnosis—especially as there never had been any pain or other sign of disease of the organ itself.

April 28.—*Membranous Croup successfully treated by cauterizing the Larynx with Nitrate of Silver.*—Dr. S. D. TOWNSEND was called early in the morning, to a girl five and a half years of age, who had been unwell for two days. The croupy breathing did not come on until a short time before he visited her. She was treated with Dover's powder repeatedly during the day, and the room was filled with vapour by immersing heated irons occasionally in a tub of hot water. Cauterization with nitrate of silver was practised at noon and in the evening without much relief; at twelve P. M., the croupy respiration increasing, the patient was fast sinking from suffocation; the pulse intermittent; the caustic was more effectually applied. Expectoration of a portion of the membrane, an inch in length and half an inch wide, followed in fifteen minutes; relief was immediate; ether was also inhaled with a happy effect, producing a pleasant sleep. Several portions of membrane were expectorated during the night and the following day, and the respiration became natural. No patches of lymph upon the tonsils or fauces were discovered. At this time, seven days from the attack, the patient is playful, with a good appetite. Expectoration purulent and bloody. Has had no return of dyspnœa, but still speaks only in a whisper.

April 28.—*Tuberculous Disease; sudden death; congestion of the lower lobe of the left lung.* Dr. SHATTUCK, Jr., related the case.—The patient was a sailor, sixteen years of age; in October 1850, he began to cough, and hæmoptysis occurred on a voyage from New Orleans to Liverpool; one or two ounces of blood were raised. The cough continued for some weeks, but he considered himself perfectly well in December, when he shipped to go from Liverpool to St. Thomas. He was much exposed to wet and cold on the voyage, the forecastle being uncomfortable; the cough returned, and was accompanied by emaciation, loss of strength and night-sweats. At St. Thomas, no improvement in his health; one small hæmoptysis; he remained there a month, and then took passage for Boston, not well enough to do any work, and entered the Massachusetts General Hospital, about the middle of April, with cough, purulent expectoration, night-sweats, and quite marked emaciation; dullness on percussion and mucous râle under both clavicles. On Saturday morning, April 26th, he was remarkably bright, took his breakfast with relish, and, an hour afterwards, as he was walking about the ward, suddenly cried out for

help, and was assisted to a chair. Urgent dyspnœa existed, and ærated serum was profusely expectorated; the perspiration flowed in drops from his face, and duskiness of the skin was remarked. He died in less than an hour from the time of seizure. At the *post-mortem* examination, the whole lower lobe of the left lung was congested, the vessels filled with blood; no hepatization; extensive tubercular deposit in the upper lobe of the left, and in the right lung; cavities at the summit of both lungs. Ulcerations in trachea and upon mucous membrane of small intestines. No tubercular disease in other organs.

April 28.—*Extensive Mammary Inflammation.* Dr. COALE.—Mrs. B., æt. 26, primipara, had been affected for several years, with an irritable state of the breasts, causing them to swell and become very painful whenever she took cold. After an easy confinement, she did well until the third day, when an inflammation set in, affecting both mammæ, causing them to become enormously enlarged, hardened and painful. The tenderness was so great, that the elbows could not be separated from the side more than six inches. After the application of twelve leeches to each breast, a surface on each, two inches wide and six inches long, was painted with cantharidal collodion, and a profuse discharge established from the blistered surface. The effect was very happy, the inflammation so rapidly and totally subsiding, that the patient nursed her child within ten days of its birth.

April 28.—*Abscess of Mons Veneris.*—Dr. BETHUNE had, recently, a case of this nature. The patient, a mulatto girl eighteen years of age, was under his care for aquo-capsulitis; she was evidently scrofulous. Mercury, in the dose of one grain daily, was administered for a period of ten days; no effect upon mouth. At the end of this time the diseased eye having rapidly improved, inflammation of the cellular tissue of the pubis occurred; in a week, fluctuation was evident; on puncture, pus, of rather watery character, was discharged. There was considerable constitutional affection, which diminished, and appetite began to return before the discharge of the pus. 29th, patient nearly well; the eye, also, had almost recovered.

Dr. PARKMAN had seen two cases of abscess in the region of the pubis, where the pus was very fetid.

Dr. MINOT referred to three cases, observed by him, of a somewhat similar nature, wherein tuberculous matter formed within the *labia*, and, softening, was discharged. The pain in these cases was excessive.

May 12.—Dr. J. M. WARREN read the following letter on the use of chloric ether as a disinfecting agent, from Mr. C. H. HILDRETH, one of the House Surgeons at the Mass. Gen. Hospital.

"Having recently had occasion for the use of chlorine as a disinfecting agent, I was led to consider, whether there might not be some method more convenient and efficacious than that usually adopted for its evolution. Though

the gas extricated by the new method is not chlorine, as it was at first supposed to be, but chiefly hydrochloric acid, yet it seems practically of at least equal efficiency for deodorizing purposes.

"Chlorine is usually generated by the action of sulphuric acid upon a mixture of binoxide of manganese and chloride of sodium; by the action of the same agent upon the chlorides of lime or soda; or by the simple exposure of the latter in open vessels. If, in the first process, the binoxide of manganese be omitted, hydrochloric acid is evolved; this latter method is in popular use. Even where the manganese is present, much hydrochloric acid is given off, and, if pure chlorine be desired, manganese and sulphuric acid only should be used. In either process the application of heat is necessary.

"The first of these methods is attended with some inconvenience, and requires considerable attention. By the second, the gas is rapidly liberated, but the supply is soon exhausted, and the materials must be replenished. The third is simple and convenient, but not very efficacious.

"The plan which I propose, is both simple and efficient. It consists in the combustion of chloric ether in a common lamp.

"The gas arising from the decomposition of the ether has been analyzed by Dr. Bacon, of this city, and found to be chiefly hydrochloric acid with a little chlorine. Practically, I have not found it less efficient than pure chlorine for disinfecting purposes. It has been used to a considerable extent in the Massachusetts General Hospital, and appears to give no inconvenience to the patients. Its odour may be plainly perceived upon entering a ward where the lamps are burning, and in a moderate degree it is far from disagreeable. So far as has been observed, it exerts no injurious influence upon the furniture or metallic utensils of the ward. Its deodorizing powers appear fully equal to those of chlorine.

"For disinfecting the wards of hospitals, or the private apartments of the sick; for deodorization during an autopsy in a private house, and for numerous similar purposes, I apprehend the chloric ether lamp will be found convenient, inexpensive, and efficacious."

Dr. W. stated that he had frequently employed the gas made as above described, during the last two months, and with much satisfaction; he considered it as the most neat and convenient process for deodorizing, where a gaseous substance was required, that had come under his notice. He had used it in a glass lamp, such as is manufactured for burning camphene; this is provided with a small cap or extinguisher, which covers the top of the lamp, and prevents evaporation of the ether, when not in use.